

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Patrick J. Sweeney

Title: METHOD AND DEVICE FOR DELIVERING MEDICINE TO BONE

Appl. No.: 10/620,287

Filing Date: 07/15/2003

Examiner: Koharski, Christopher

Art Unit: 3763

Conf. No.: 7722

ISSUE FEE TRANSMITTAL

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B).

Also enclosed:

Request for Reconsideration of Patent Term Adjustment Under 37 C.F.R. §1.705
(4 pages)

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

The Examiner provided a statement of reasons for allowance on pages 2-3 of the Notice of Allowance dated May 5, 2009. While the Applicant agrees that the allowed claims recite a combination of subject matter that is patentable over the cited references, the Applicant does not necessarily agree with or acquiesce in the statement of reasons for allowance given by the Examiner. Moreover, the Applicant notes that the recited subject matter as well as various other subject matter and/or combinations of subject matter may be patentable for other reasons than

those given by the Examiner. The Applicant expressly reserves the right to set forth additional and/or alternative reasons for patentability and/or allowance in connection with the present Application or in any other future proceeding.

REMARKS

These Comments on Statement of Reasons for Allowance under 37 C.F.R. § 1.104 are intended to be responsive to the Notice of Allowance dated May 5, 2009.

Fees in the amount of \$1,055.00 for payment of the Issue Fee and the Publication Fee and \$200.00 for payment of the Request for Reconsideration of Patent Term Adjustment are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date May 22, 2009

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